REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/503,975		
Filing Date	February 14, 2000		
First Named Inventor	Pawan Goyal		
Group Art Unit	2154		
Examiner Name	Larry D. Donaghue		
Attorney Docket Number	21816-04464		

То:	Commissioner for P.O. Box 1450 Alexandria, VA 22								
I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.									
The rea	sons for this reques	st are:							
The client knowingly and freely assents to termination of the employment.									
1. 🗆	The corresponden	ce address is NOT affected by this wi	thdrawal						
	_ ,								
2. A Change the correspondence address and direct all future correspondence to:									
Firm <i>or</i> Individu	al Name	Perkins Coie LLP							
Address	S	1899 Wynkoop Street, Suite 700							
Address	6								
City		Denver	State	со	Zip	80202-1043			
Country		US							
Telepho	one	303-291-2300	Fax	303-291-2400					
 ☑ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☑ the attorneys/agents associated with Customer Number 00758 on whose behalf I have signed this request and on whose behalf I am authorized to sign. 									
Name		Sabra-Anne R. Truesdale, Reg. No. 55,687							
Signatu	re	/Sabra-Anne R. Truesdale/							
Date	August 3, 2007								
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time									

period for response or possible extension period, the request to withdraw is normally disapproved.